



HEALTH CAREER INSTITUTE

OFFICIAL TRANSCRIPT REQUEST FORM

Please mail requests to: Health Career Institute
Registrar's Office Suite #405
1926 10th Ave N
Lake Worth, FL 33461

The Official Transcript Fee is \$10.00 per copy (\$5.00 each additional copy)
Special Item request Fee is \$5.00

Name: _____
Last First MI Maiden or Previous Name

Social Security Number: _____ - _____ - _____ Date Of Birth: _____

Student's Address: _____ Daytime Phone Number: _____

_____ E-Mail: _____

Dates of Attendance at Health Career Institute:
_____ to _____ EMT ___ Paramedic ___ Fire Science _____

Have you earned a degree from Health Career Institute? Yes No
or Graduate with certification

Transcripts should be processed:

- Now (Although grades may be missing if currently enrolled or incompletes remain)
- Hold until incomplete has been removed in course(s):
- Special Request Item** _____

If transcripts are being sent to you, should they be in separately sealed & stamped envelopes? (Most institutions require official transcripts coming from students to be signed over the seal of the envelope) Yes No

Address where transcript is to be mailed: (please use complete address)

Company/School _____

ATTN: (Name/Office) _____

Address: _____

City, State, Zip _____

Number of transcripts to this address: _____ If more than one address please check here:
and Enter information on Page 2.

The Family Education Rights & Privacy Act of 1974 requires the student's signature for release of transcript.

Student's Signature Date

**Transcripts will be released only if overdue obligations to the College have been satisfied.
Please allow 10 business days for receipt of transcript(s).**

For Office Use Only

Date Received:

Date mailed:

Amount Paid:

Cash or Check#

Receipt #

Revised:10/09/2007